



Australian
Music
Therapy
Association

**2010 National
Conference**

REGISTRATION FORM

CONFERENCE: Saturday 18 & Sunday 19 Sept. 2010
Sebel Albert Park, Queens Road, Albert Park, Melbourne

PDS: Monday 20 & Tuesday 21 Sept. 2010
Graduate House, 220 Leicester Street, Carlton



TAX INVOICE ABN: 11 881 946 262

This registration form is also a tax invoice for GST purposes. All prices include GST. Please keep a copy for your records.

Name					
Organisation					
Sector/s in which you work (please ✓)	<input type="checkbox"/> Aged care	<input type="checkbox"/> Disability	<input type="checkbox"/> Palliative care	<input type="checkbox"/> Special ed	<input type="checkbox"/> Medical
	<input type="checkbox"/> Community care	<input type="checkbox"/> Mental health	<input type="checkbox"/> Other (please specify)		
Mailing address				State	Postcode
Phone number (BH)			Email:		
I understand that I may be photographed whilst at these events.					

Please register me as follows (please Circle your choice):

CONFERENCE (all welcome)

	EARLY BIRD (before 5pm on Friday 6 August 2010)			STANDARD (after 5pm on Friday 6 August 2010)		
	Full*	Saturday	Sunday	Full*	Saturday	Sunday
Member	\$413	-	-	\$516	\$299	\$299
Non member	\$479	-	-	\$599	\$359	\$359
Student member	\$309	-	-	\$380	\$229	\$229
Student non member	\$399	-	-	\$449	\$269	\$269
ADDITIONAL TICKETS						
Registration Ceremony	\$25					

*Full includes Registration Ceremony

Professional Development Seminar (only open to current RMTs) Please note there is a cap of 150 people at the PDS.

I am an RMT: Yes No

	EARLY BIRD (before 5pm on Friday 6 August 2010)			STANDARD (after 5pm on Friday 6 August 2010)		
	Full	Monday	Tuesday	Full	Monday	Tuesday
Member	\$237	-	-	\$289	\$179	\$179

Please total your payment here: \$ _____

SPECIAL FOOD NEEDS:	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Vegan	<input type="checkbox"/> Gluten free	<input type="checkbox"/> Kosher
----------------------------	-------------------------------------	--------------------------------	--------------------------------------	---------------------------------

We regret we are unable to cater for specific allergies.

Earlybird: Must be received at AMTA office no later than 5pm on Friday 6 August 2010.

Standard registration prices are charged for any registrations arriving after that time, including walk-up registration on the day.

PAYMENT BY CREDIT CARD	
Please charge my credit card: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	
Card No.:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiry:	<input type="text"/> / <input type="text"/> CVC or Security code _____
Amount \$ _____	Signature: _____

PAYMENT BY EFT	
Bank:	ANZ
BSB:	013 350
Account number:	485320992
Account name:	Australian Music Therapy Association
Please remember to identify yourself on the EFT payment.	

PAYMENT BY CHEQUE
Please make the cheque payable to the:
Australian Music Therapy Association

PLEASE SEND THIS FORM TO THE AMTA VIA:
FAX: 03 9507 2316
MAIL: MBE 148/45 Glenferrie Road, Malvern, Vic 3144